



Lymphogranuloma Venereum (LGV) Surveillance Project

Lymphogranuloma venereum (LGV) is a systemic, sexually transmitted disease (STD) caused by a type of *Chlamydia trachomatis* (serovars L1, L2, L3) that rarely occurs in the United States and other industrialized countries. However, a recent outbreak in the Netherlands ([MMWR Oct. 29, 2004](#)) and reported cases in Europe suggest there may be an increase in cases in the U.S., especially among men who have sex with men (MSM).

To evaluate LGV infection in the U.S., the Centers for Disease Control and Prevention's (CDC), Division of STD Prevention (DSTDP) is tracking the number of cases of LGV. We are asking clinicians of patients with clinical symptoms consistent with LGV to report these cases to their local health departments and to CDC. Symptoms of LGV include: mucous or purulent anal discharge, rectal bleeding, constipation, inguinal/femoral lymphadenopathy (buboes), genital or rectal ulcer or papule, anal spasms, and tenesmus.

In states that lack laboratory capacity to perform LGV diagnostic testing, the CDC's Chlamydia Laboratory will provide laboratory support at CDC. Specimens will be tested for *C. trachomatis* (if not available locally), and if positive, will be typed for LGV.

Clinicians and laboratories may submit specimens to CDC's Chlamydia Laboratory by following the procedures for collection and shipment of clinical specimens as described in the specimen collection form .

We are also asking clinicians to complete a questionnaire for any patient suspected of having LGV . Completion of the questionnaire will greatly enhance our understanding of the characteristics of persons with LGV in the United States and will contribute to local disease control activities.

The MMWR article describes the Netherlands' LGV outbreak, clinical signs and symptoms of LGV, and summarizes CDC's [Treatment Guidelines for LGV](#). (part of [2002 STD Treatment Guidelines](#))

Please contact both your local health department and CDC if you have patients you suspect of having LGV. If you have additional questions about CDC surveillance activities, please contact Dr. Catherine McLean (CMclean@cdc.gov). Thank you in advance for your efforts to assist in prompt LGV identification and disease control efforts in the United States.